PTO/SB/06 (08-03)

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PATENT APPLICATION FEE DETERMINATION REC Substitute for Form PTO-875								RECORD Applic			ation or Docket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2)					SMALL ENTITY			OR	OTHER THAN SMALL ENTITY				
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))			1					s	OR		s		
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =		•		x s=		OR	x \$=			
INDEPENDENT CLAIMS (37 CFR 1.16(b))		AS .	minus 3 =		•		x \$=		OR	x s =			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					1	+s =		OR	+s =				
* If the difference in column 1 is less than zero, enter "0" in column 2.					J	TOTAL		OR	TOTAL				
CLAIMS AS AMENDED – PART II													
100 G 1505		(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	.2	Minus	(C)	=		x \$ =		OR	x \$ =	155		
	Independent (37 CFR 1.16(b))	• 1	Minus	··· 3	=/	1	x s =		OR	x \$ =			
₽¥	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))		+s =		OR	+s =			
, , , , , , , , , , , , , , , , , , ,					ı	TOTAL		OR	TOTAL				
		(Column 1)		(Column 2)	(Caluma 2)		ADD'L FEE		J OK	ADD'L FEE			
В		CLAIMS	Γ	HIGHEST	(Column 3)	1							
		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
AMENDMENT	Total (37 CFR 1.16(c))	AMENDMENT	Minus	PAID FOR	=	١	V	FEE			FEE		
	Independent (37 CFR 1.16(b))	•	Minus	***	=	١	x \$=		OR	X \$=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					l	x \$=		OR	X \$=			
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					ı	+ \$= TOTAL		OR	+ \$= TOTAL				
							ADD'L FEE		OR	ADD'L FEE			
		(Column 1) CLAIMS		(Column 2)	(Column 3)				1				
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=	-	OR	x s =			
	Independent (37 CFR 1.16(b))	*	Minus	***	=	١	x s=		OR	x \$=			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ 5 =		OR	+ \$ =	,		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".													

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

		A	Application or Docket Number								
PATENT APPLICATION	ON FEE DETERN tive October 1, 20	EĆORD	09912441								
	(Column 1)	SMA		мппү	OR	OTHER					
TOTAL CLAIMS			R	TE	FEE		RATE	EEE			
FOR	MUNBER FILED	NUMBER EXT	RA BAS	BASIC FEE 355.00		OЯ	BASIC FEE	710.00			
TOTAL CHARGEABLE CLAIMS	S minus 20=	•	X	X\$ 9=		OR	X\$18=				
INDEPENDENT CLAIMS	/ minus 3 =	•		X40=		OR	XB0=				
MULTIPLE DEPENDENT CLAIM P	RESENT			35-		OR	+270=				
* If the difference in column 1 is	less than zero, ente	, 🗀	TAL		OR	TOTAL	740				
O O O CLAIMS AS A (Column 1)	MENDED - PAR	nn 3) <b>SM</b>	ALL	ENTITY	OR	OTHER SMALL	THAN				
CCAINS REMAINING AFTER AMERIDMENT  Total 5  Independent 1	HIGH MUM PRIEVI PAID	BER PRES	оп о	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
Total · 5	Minus -20	9 -	xa	6		OR	X\$18=				
FIRST PRESENTATION OF M	Minus	<u>3  - </u>		<b>6</b>		OR	X80=				
	FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM						+270=				
2/3/05			ADDI	OIAL		OR	TOTAL ADDIT, FEE				
(Column 1)	Caracter (Caracter )										
REMARKING AFTER AMENOMENT Total Independent  Total	HIGH NUM PREVX PAID	BER PRES		TE	ADOH TIONAL FEE		BATE	ADDI- TIONAL FEE			
Total .5	Minus 21	2 -	×	<b>9</b> -		OR	X\$18=				
FIRST PRESENTATION OF MI	H TIPLE DEPENDENT	3   =	, X	8		OR	X80=				
		- C		5-		OR	+270=				
7/19/05 (Column 1)	•		ADDIT	OTAL FEE		OR	TOTAL ADDIT, FEE				
	(Colum		m 3)								
REMAINING AFTER	NUM	BER PRES		TE-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
Total - 5 Independent - /		1-04	XS	9=		OR	X\$18=				
FIRST PRESENTATION OF MI	Minus - '	3  -	$\sim$	<b>)</b>		OR	<b>X80=</b>				
	OR	+270=									
"If the entry is column 1 is less than the entry in column 2, write "O" in column 2. "If the "Highest Number Presonally Paid For" In Thits: STACE is less than 20.											
"If the "Righest Number Previously Paid For" (I) THOS SPACE is less than 2, and "2."  ADDIT. FEE											
							—481 I.	'			

FORM PTO-678